

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0001614999		ile Number: 0000149425	Submit Date: 06/01/2	2021 Call Sign: KTAO	Facility ID: 64602 City:
TAOS	State: NM				
Service: F	Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 06/01/2021	Filing Status: Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	KTAO & KLNN EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TAOS COMMUNICATION CORPORATION Doing Business As: TAOS COMMUNICATION CORPORATION	PO Box 2126 El Prado, NM 87529 United States	+1 (575) 758- 5826	katie@ktao. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	MATTHEW H. MCCORMICK FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17TH STREET Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0438	MCCORMICK@FHHLAW. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	164283	KLNN	QUESTA	NM	No
	64602	KTAO	TAOS	NM	No

Program Report	Section	Question	Response
Questions	Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
	Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Katherine Speirs	President

Certification

QuestionResponseThe undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,
trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign
on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.
F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he
or she has read the document; that to the best of his or her knowledge, information, and belief there is good
ground to support it; and that it is not interposed for delay06/01
/2021Certified Date06/01
/2021Certified TitlePresidentAuthorized Party NameKatherine

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KTAO and KLNN 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	KTAO and KLNN 2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
KTAO and KLNN EEO Program Report Narrative.pdf	Applicant	Narrative Statement	KTAO and KLNN EEO Program Report Narrative	Done with Virus Scan and/or Conversion
KTAO-KLNN EEO Public File Report 2020-2021.pdf	Applicant	EEO Public File Report	KTAO and KLNN 2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion

Speirs